

ITEM 08-6-1: Paraphrased Regulations

This version of the paraphrased regulations provides 42 additions and 23 revisions to the paraphrased regulations. There are also nine deleted paraphrased regulations. Four paraphrased regulations are renumbered.

The major changes to the paraphrased regulations are as follows:

Changes to child-care regulations (issue code 036) were made effective February 1, 2008. These changes:

1. Request that Trustline applications be submitted no later than the seventh day from the date child-care services began;
2. Change the Trustline process to require clearance before child-care subsidy payments can be made;
3. Allow for a reimbursement payment period of up to 120 calendar days for CalWORKs child-care services rendered by a provider who is Trustline registered; and
4. Allow for the process of requiring great-grandparents, great-aunts, and great-uncles to become Trustline registered prior to receiving payment to be "grandfathered" in.

All County Letter 08-17 provides information regarding the new dual agency care rates, effective July 1, 2007, for children who are served by both California Regional Centers and California Child Welfare and Probation Agencies. These are children receiving Aid to Families with Dependent Children-Foster Care (AFDC-FC) or Adoption Assistance Program (AAP) benefits. Welfare and Institutions Code (W&IC) Section 11464, recently enacted by Senate Bill (SB) 84, clarifies the roles and responsibilities of child welfare service and probation agencies and regional centers and is intended to promote the timely and appropriate placement of developmentally disabled children with foster and adoptive families. Rules regarding these new rates have been added to issue code 186 and a new issue code 928 has been added for AAP rates.

The Denti-Cal manual has been revised. The Denti-Cal policies previously located in Section 4 of the Denti-Cal handbook have been moved to Section 5 and reorganized. Section 5 is the Denti-Cal Manual of Criteria and Section 9 is the Special Programs section. References to EPSDT (531-11G) and CHDP (531-12) are listed in Section 9.

Note that resin-based partial dentures without a metal framework do not require a full opposing denture to be a benefit of the Denti-Cal program, while cast metal framework with resin based partial dentures are a benefit only when opposing a full denture. Resin-based partial dentures are a benefit to replace anterior teeth and/or posterior teeth. Both the resin-based (if no anterior teeth are missing) and cast metal framework partial dentures are only a benefit if the arch lacks posterior balanced occlusion. (See paraphrased regulations 531-1E and 531-11F).

Paraphrased regulation 004-1E adds Welfare and Institutions Code (W&IC) 10951 that is effective January 1, 2008. In relevant part that statute provides that even if a claimant receives an adequate and language-compliant Notice of Action and files a hearing request more than 90 days after receiving the NOA, that claimant may establish good cause for the late filing as long as the hearing request was made within 180 days from the date the NOA was issued.

The Medi-Cal Personal Care Services program (PCSP) file (560-568) has been divided into two files. The QA needs assessment paraphrased regulations that begin with code 568 is now a separate file.

In the CAPI file, paraphrased regulations 825-13B through 825-13G regarding CAPI overpayments that cite All County Letter 00-73 had erroneously been deleted from the CAPI file. These paraphrased regulations have been added back into that file.

In addition to adding a new issue code 928 for AAP rates, four issue codes in IHSS have been deleted.

Two new issue codes have been added. They are:

ISSUE CODES

928 AAP Rates

RENUMBERED

036-9 to 036-9A
036-9A to 036-9B
036-9B to 036-9C
620-17 to 614-6

The following paraphrased regulations have been deleted:

DELETED

S156-5; 439-1C; S531-2; 531-4; S531-7; S531-10; 531-11D; 531-11E; 531-11F

Those deleted paraphrased regulations that may still be found in the HTML version are those marked with an S before them while the others will not be found because it was determined that they would not be used.

REVISED

036-8

Retroactive child-care payments limits (47-430.2-.22)

036-8C

Information that must be provided in child-care informing notice (47-301.22)

036-9A

Trustline Registry system provides criminal record clearance (47-601)

368-B

All licensed child care providers must apply for Trustline unless exempt; exemptions listed (47-610 repealed effective February 1, 2008)

036-9C

Trustline registry application requirements (47-620.1)

046-5

Sponsored alien must provide information and documentation about sponsor as condition of eligibility (43-119.231)

185-3

State law provides that FC overpayments are limited to those made to foster family homes, approved homes of relatives, approved home of nonrelative extended family member or approved homes of nonrelated legal guardians when FC child was not cared for in the home; limitations on collecting the overpayment (W&IC 11466.24)

431-8A

Family member maximum base allocation for current and prior years (ACWDL 07-08, 08-20)

433-4

QI-1 program sunset extended to June 30, 2008 (ACWDL 08-08)

439-5

Effective A&D FPL limit for individual and couples in current and prior year (ACWDLs 07-06, 08-06, and 08-13)

487-6A

2007 and 2008 Statewide APPR for Medi-Cal transfer of property period of ineligibility (ACWDLs 07-07 and 08-10)

531-1A

Removable prosthodontics-prior authorization required (Denti-Cal Manual of Criteria - Prosthodontics-General Policies Section 5)

531-1B

Dentures not prior authorized if patient unlikely to care for, utilize or adapt to new prosthesis (Denti-Cal Manual of Criteria- Prosthodontics General Policies Section 5)

531-1C

When prosthetic appliance can be authorized more than once in five-year period (Denti-Cal Manual of Criteria- Prosthodontics General Policies Section 5)

531-1D

Prosthodontics (removable) that are not covered benefits (Denti-Cal Manual of Criteria- Prosthodontics General Policies Section 5)

531-3A

Provider Manual criteria for restorative dentistry and crowns (Denti-Cal Manual of Criteria Restorative General Policies-Crowns Section 5)

531-3B

Laboratory processed crowns on root canal treated teeth (Denti-Cal Manual of Criteria-Restorative General Policies-Crowns Section 5)

531-6

Denti-Cal criteria for periodontal services (Denti-Cal Manual of Criteria-Periodontal General Policies Section 5)

531-11

Orthodontic requirements for handicapping malocclusion (Denti-Cal Provider Manual of Criteria Orthodontic General Policies Section 5)

531-11C

Diagnostic casts are required to be submitted for orthodontic evaluation (Denti-Cal Provider Manual of Criteria Diagnostic Procedures Section 5)

531-11G

Information to be included in EPSDT dental TAR; guidelines as to which claims will be approved (Medi-Cal Dental Program Provider Handbook-Special Programs, Section 9)

531.11H

Maxillofacial services covered subject to prior authorization (Denti-Cal Manual of Criteria Oral and Maxillofacial Surgery General Policies Section 5)

531-12

Dental coverage under the CHDP program (Medi-Cal Dental Provider Handbook-Special Programs Section 9)

ADDED**004-1E**

Ninety-day period to file hearing may be extended for good cause, but filing must be within 180 days (W&IC 10951)

036-8E

Trustline-exempt child-care providers (47-260.2)

036-8F

Registered Trustline child-care provider defined (47-602(r)(1))

036-9

Trustline registry defined (47-602(t)(1))

046-5B

Persons to who sponsored noncitizens provisions apply (43-119.21)

156-6

When intercepting county error overpayments, counties must refund IRS offset fees (ACIN I-16-99)

185-9

W&IC §11466.23 added to identify placement categories statutorily eligible for overpayment collection (ACL 08-10)

185-9A

W&IC §11466.24 amended to expand Foster Care placement population subject to overpayment collection, identify types of costs county should consider in determining whether to collect overpayments and identify when county should not collect overpayments (ACL 08-10)

186-10

Effective July 1, 2007, new Foster Care rates for dual agency children (ACL 08-17)

186-10A

New supplement to \$2006 dual agency rate not to exceed \$1000 for children three and over (ACL 08-17)

186-10B

Types of foster care providers in dual agency setting (ACL 08-17)

186-10C

Dual agency rates effective July 1, 2007 when rate was initially set before July 1, 2007 (ACL 08-17)

186-10D

Rate for children under three years of age (ACL 08-17)

186-10E

Supplement to dual agency rate (ACL 08-17)

186-10F

Rates for dual agency children for whom a facility ARM rate was requested before July 1, 2007 (ACL 08-17)

486-12

Home equity conversion plans and reverse mortgages (ACWDL 08-17)

531-1E

Procedures for resin based partial dentures-no requirement for opposing full denture (Denti-Cal Manual of Criteria-Prosthodontics Procedures Section 5)

531-1F

Procedures for metal framework with resin based partial dentures-requirement for opposing full denture (Denti-Cal Manual of Criteria-Prosthodontics Procedures Section 5)

531-3C

Covered benefits-dental caries; crowns not a benefit when tooth can be restored with amalgam (51307(b)(7), (8); Denti-Cal Restorative General Policies Section 5)

531-8A

Endodontic General Procedures (Denti-Cal Manual of Criteria-Endodontic General Policies Section 5)

531-13

Address for provider appeals process (Medi-Cal Dental Provider Handbook-Program overview, Section 2)

568-2E

IHSS recipient may choose to eat meals separately from other family members; no health and safety need required (ACL 08-18)

568-2F

Meal preparation and clean-up must be done in recipient's home (ACL 08-18)

568-9E

Time may be authorized to shadow/follow recipient with unsteady gait (ACL 08-18)

568-9F

Maintenance exercise of assistance walking may be provided outside recipient's home (ACL 08-18)

613-6A

Recipient may have meals prepared separately because he/she chooses to eat separately (ACL 08-18)

614-4

Services a parent provider can be paid to provide (30-763.454)

614-5

Services for children based on disability, not age (W&IC 12300(a); ACIN I-28-06)

614-6A

Spouse defined for PCSP, IPW and IHSS-R (ACL 08-18)

620-3

No minimum number of hours required to authorize a case for IHSS (ACL 08-18)

620-12A

Travel time to non-local medically necessary medical appointments permitted (ACL 08-18)

620-15A

Stand-by time not allowed. Assessed time for encouragement and reminding may be minimal (ACL 08-18)

620-25

Provider may be authorized time to provide services while recipient is temporarily out of home if provider accompanies recipient (ACL 08-18)

626-1D

A mental health diagnosis can only be made by a mental health professional (ACL 08-18)

628-3

Share of cost definition (30-701(s)(3))

628-4

SSI/SSP payment level current and prior year (I-85-06; ACWDL 07-21)

628-4A

Fill in blank SSI/SSP payment level ()

928-1

Dual agency rate provisions for AAP (ACL 08-17)

928-1A

Negotiation requirement for AAP agreements signed after July 1, 2007 for dual agency children (ACL 08-17)

928-1B

Dual agency rates when AAP agreement signed before July 1, 2007 (ACL 08-17)

928-1C

Children whose ARM determination was requested and pending before July 1, 2007 (ACL 08-17)

928-1D

County must verify that ARM rate determination request was made and pending before July 1, 2007 (ACL 08-17)